

**Influencing Reproductive Health Policy
and Programs in the Philippines:
Implementing an Advocacy Model for
Utilization of Operations Research**

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SUMMARY

This project tested a model of operations research (OR) dissemination and utilization targeting program managers. The model combines capacity building with the use of innovative advocacy approaches to disseminate OR results. It consists of creating a network of policy champions who will advocate the use of OR findings through a variety of strategies after they have been provided with information on the advocacy issue and their presentation skills enhanced. The project's objective is to promote the utilization of research for decisionmaking and program improvement.

With the assistance of the Task Force on Operations Research Results Dissemination and Utilization, the project formed four policy champion teams in four regions in Mindanao, the second largest island of the Philippines. The teams were composed of representatives from the local government, Department of Health, non-governmental organizations, Commission on Population, research/academe, and media. A three-day training workshop was organized to equip the policy champions with knowledge on the selected advocacy issue (i.e., unmet need for family planning and the use of the OR-tested Community-based Management Information System to address unmet need) as well as to sharpen their presentation and advocacy skills. In the same training, the teams developed their respective advocacy plan, which they implemented during May – June 2001.

The project demonstrated that mobilizing policy champions to influence program managers to use an OR-tested tool could lead to significant program changes. Foremost of these changes are the adoption and pilot-testing of the Community-based Management Information System in selected areas in two of the four regions where CBMIS is not yet installed, and the pledge to sustain the use of CBMIS in two cities where the system is already being implemented.

The project provided learning that could be useful in the conduct of a similar undertaking. Among other things, the project revealed that there is no single strategy or approach to effective advocacy, that the level of “maturity” of the OR result is an important variable in the OR advocacy and utilization equation, and that the necessary institutional support system is a critical factor in the assimilation and utilization of a research result.

Considering the potential of harnessing policy champions in promoting research for programmatic action, this report recommends that the project be extended to implement the full range of advocacy activities originally drawn up in the project proposal, namely advocacy of the unmet need concept and CBMIS to policymakers, and of adolescent reproductive health to both policymakers and program managers. Completing these activities will provide a better picture of the extent to which the model of OR results dissemination and utilization being tested is able to accomplish what it was intended to do. The project can then proceed to identify mechanisms to institutionalize the process in order that reproductive health policy and programs in the country may benefit from operations research.

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ABBREVIATIONS

BHW	Barangay (village) Health Workers
CBMIS	Community-based Management Information System
CHO	City Health Officer
CPO	City Population Officer
DOH	Department of Health
FGD	Focus Group Discussion
FP	Family Planning
IEC	Information, Education, and Communication
LGU	Local Government Unit
MGP	Matching Grant Program
MSH	Management Sciences for Health
NGO	Non-governmental Organization
OR	Operations Research
PHO	Provincial Health Officer
PO	People's Organization
PPO	Provincial Population Officer
POPCOM	Commission on Population
SPPR	State of the Philippines Population Report
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

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BACKGROUND

One of the challenges faced by research organizations is that research findings are not translated into policy changes or programmatic action. This gap is unfortunate, since research enhances policymakers' and program managers' ability to formulate appropriate goals, determine strategies, solve problems, and assess achievement of program goals. The great divide between research and action can be explained by the following considerations:

- Research reports often draw conclusions that are not specific enough to guide policy and program design;
- Overly technical presentation formats give priority to clinical and/or statistical aspects of the study rather than to policy or program implications; and
- Standard dissemination channels (e.g. academic journals, conference presentations) for research findings may not reach key stakeholders.

Indeed, the very policymakers and program managers who would most benefit from research results may not even be aware that those findings exist and are thus unable to utilize them. The FRONTIERS' audience analysis of operations research (OR) stakeholders in the Philippines found that only a few policymakers and program managers have applied research findings in program planning and design. However, local government officials indicated that if research information is available, they would certainly use it for planning and decisionmaking.

In the Philippines, the internal communication processes and procedures of the national family planning program have serious limitations, as acknowledged by the Local Government Unit (LGU) Family Planning IEC Strategy of 1997. These inadequacies include a lack of reliable information sources for other related sectors, a limited range of communication channels used by outside agencies for disseminating research findings to local officials and program managers, and a weak internal structure for ensuring the flow of information to multiple audiences within the LGU system.

Recognizing the importance of having informed local officials managing the national family planning program, the same strategy statement identifies several means to redress

these shortcomings. The LGU IEC strategy advocates the increased use of audience-centered communication programs. This orientation implies that programs must improve their understanding of the different segments of their target audience and identify key messages for each group. The IEC strategy also draws attention to the need to support the process of building alliances in the community to ensure that locally relevant issues are brought into public debate.

Cognizant of these realities and challenges, the Frontiers in Reproductive Health Program in the Philippines sought to address them by testing a model of OR results dissemination and utilization, targeting policymakers and program managers with key OR findings. The model combines capacity building with the use of innovative advocacy approaches to disseminate OR results. The model consists of creating a core of policy champions who will advocate the use of OR findings through a variety of strategies after they have been equipped with knowledge on selected OR issues and their presentation skills have been enhanced.

OBJECTIVES

The long-term objective of this project is to ensure that reproductive health care policy and programs in the Philippines reflect the lessons learned from contemporary operations research studies conducted in the country and abroad. Specifically, the project sought to:

1. Conduct an effective communication and dissemination program in the Philippines that reaches new audiences in new locales with highly specific information on how innovative solutions to service problems can be incorporated into LGU policies and programs;
2. Promote the utilization of research findings for decisionmaking and program improvement;
3. Create local networks of influential policy and program champions and innovative researchers who are committed to communicating the results of contemporary reproductive health care operations research and collaborate with other sectors undertaking similar activities; and

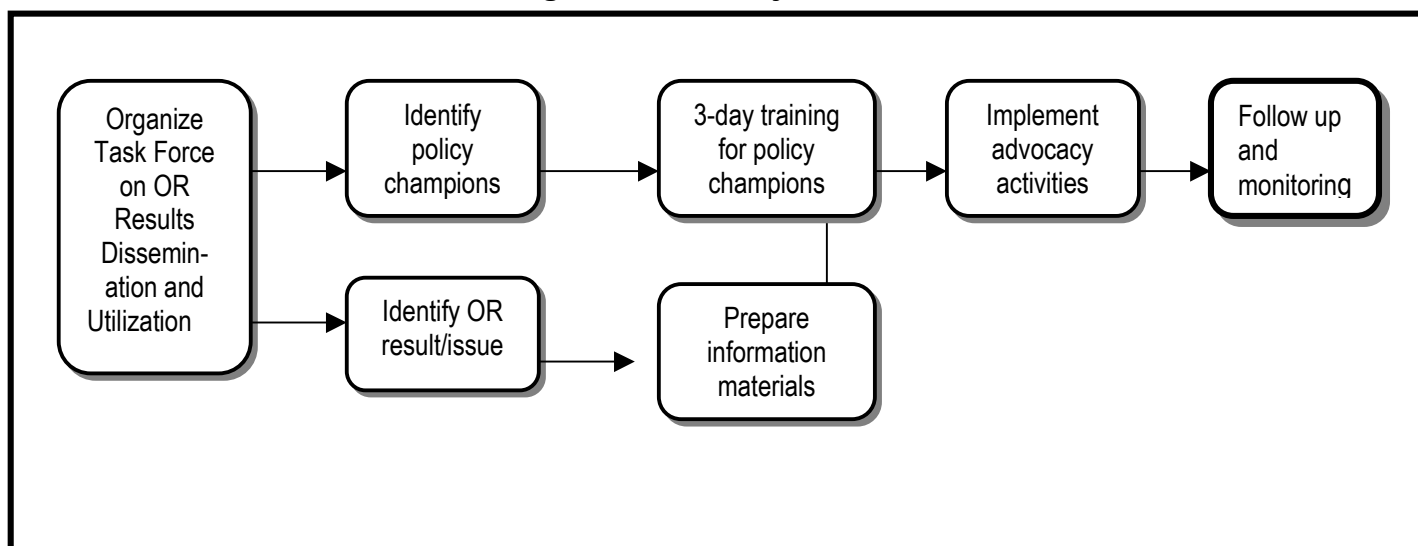
4. Document cases of successful examples where active coalitions were effective in bringing about the desired change so as to replicate this advocacy model in other regions.

This project will contribute to achieving USAID Strategic Objective 3, “*reduced fertility rate and improved maternal and child health.*” It will help realize USAID/Manila’s Intermediate Result 2, “*national systems strengthened to support family planning and maternal and child health.*” This project directly supports FRONTIERS Intermediate Result 2, “*OR results communicated and utilized for policy and program improvement.*” This project was developed in response to a direct request from USAID/Manila to provide this type of support.

THE INTERVENTION

The project intervention consisted of creating a network of policy champions, equipping them with knowledge of the selected advocacy issue, enhancing their advocacy skills, and providing them with advocacy materials. The capacity building component of the intervention was accomplished through a three-day training workshop. The policy champions proceeded to apply what they had learned by communicating the advocacy issue to program managers using various advocacy strategies and following the advocacy plan they prepared. The intervention was concretized and implemented with the advice and assistance of the Task Force on Operations Research Results Dissemination and Utilization. The intervention is illustrated in Figure 1 and described below.

Figure 1. The Project Intervention



1. Creating a Network of Policy Champions

To foster the crucial link between research and program change, the project, with the assistance of the Task Force on Operations Research Results Dissemination and Utilization, created a network of four policy champion teams in four regions in Mindanao, the second largest island in the Philippines. The teams were composed of

Table 1. Membership of Policy Champion Teams

representatives from the local government, Department of Health (DOH), non-governmental organizations, Commission on Population (POPCOM), research/academe, and media. The mix of members in each team is shown in Table 1. Appendix A lists the names of the policy champions. The policy champions were screened using the following criteria set forth by the Task Force:

- Respected in the community
- Influential
- Willing to participate in the project
- Willing to travel.

The four teams implemented their advocacy activities in six sites in the four chosen regions (see Table 2). These sites were selected based on the following criteria:

- Proximity to the regional center
- Availability of resources that support the LGU either through the Matching Grant Program or the LGU Performance Program.

SECTOR REPRESENTED	POLICY CHAMPION TEAM			
	Region 9	Region 10	Region 11	Region 13
Local Government	1	3	2	1
Department of Health	1			1
NGO		1		1
POPCOM	1	1	1	2
Research/Academe	1		2	
Media	1	1		
TOTAL	5	6	5	5

Table 2. Advocacy Sites

Region	Advocacy Site
Region 9	Zamboanga City
Region 10	Valencia City, Bukidnon Malaybalay City, Bukidnon
Region 11	Digos, Davao del Sur Tagum, Davao del Norte
Region 13	Butuan City

2. Training the Policy Champions

A three-day training workshop was organized primarily to: (1) equip the policy champion teams with knowledge on responding to unmet need for family planning through the Community-based Management Information System (CBMIS), and (2) sharpen their presentation skills. For the former, the Country Director of the Population Council/Philippines Office discussed unmet need for family planning (FP) while an official of the Management Sciences for Health (MSH) provided an overview of CBMIS and how it can be used as a tool to identify women with unmet need for FP. Meanwhile, to achieve the second training objective, a refresher lecture on advocacy as well as a presentation skills session were included in the training course.

In a short workshop the policy champions were given a taste of how to organize and present their advocacy messages. They were asked to simulate a presentation targeting a specific group of audience. Each team's presentation was videotaped. During the video playback, each policy champion was asked to identify his/her presentation strengths/weaknesses and how these can be enhanced/addressed. The workshop participants found this exercise to be very useful and enjoyable.

"I felt I am important in achieving the goals of reproductive health in the country. I realized how great my responsibility is as a policy advocate."

A policy champion

An important output of the training is the advocacy plan the teams prepared for their respective advocacy site. Each plan specified the objectives, strategies, and activities that



will be conducted and their expected outputs, the target audience, the time frame of each activity, the needed resources, and the source(s) of funding. Each team's advocacy plan is briefly described under the following section, "Highlights of Advocacy Implementation."

3. The Advocacy Issue

From among several choices, unmet need for family planning and adolescent reproductive health were selected as the project's advocacy topics. However, because of funding constraints, advocacy activities dealt only with unmet need for FP.

The State of the Philippine Population Report (SPPR) 2000 identified unmet need as a critical population constraint to equitable development. Data show that 9 percent of currently married women who want to space births and 11 percent of those who want no more children are not practicing contraception. SPPR asserts that if most women with unmet need are served, contraceptive prevalence would rise, fertility would be reduced, and population growth would diminish.

An OR-tested tool that can be used to identify women with unmet need is the Community-based Management Information System. CBMIS is primarily a service delivery tool designed to help local health providers identify and prioritize women and children with unmet needs and facilitate their access to necessary health services. The system consists of a set of sequenced and continuous steps that allows health care providers to identify eligible target clients who currently do not use the needed health services in a circumscribed area and to determine appropriate service delivery interventions to respond to the needs of these clients.

Initially conceptualized for the Family Planning Program, CBMIS was introduced in selected LGUs such as Pangasinan and Iloilo City. These LGUs' experiences have shown that the number of women with unmet need for family planning has been significantly reduced. Recent studies indicate that if the service needs for vaccination, nutrition, and family planning are met, there would be a significant reduction in maternal, infant, and child mortality. Thus the CBMIS was expanded to include child survival interventions, specifically vaccination and Vitamin A supplementation. In this project, CBMIS was advocated particularly for its usefulness in identifying unmet need for family planning.

4. The Advocacy Materials

FRONTIERS staff provided each team with a set of advocacy materials they could use in advocacy presentations. The set consisted of a brief on unmet need and on CBMIS. The same information on unmet need was also prepared in overhead transparencies.

5. The Task Force on OR Results Dissemination and Utilization

A Task Force on Operations Research Results Dissemination and Utilization was organized to help operationalize the project. This was composed of a representative each from key stakeholder groups – POPCOM, DOH, USAID Mission, and a private-sector representative.

The Task Force served as a technical advisory committee. It assisted in planning and implementing the activities outlined in this project. The Task Force identified the target audiences of the advocacy activities: policymakers and program managers. Policymakers in this project are defined as congressional representatives, local executives, and local legislators. Program managers are defined as health board members, health as well as population officers, social welfare officers, and officials of non-governmental organizations (NGOs) and people's organizations (POs).

The Task Force determined the criteria for choosing the policy champions. It selected the advocacy sites based on the selection guide agreed on by the Task Force members. It also identified two advocacy issues that the project will cover, namely: (1) addressing unmet need through the use of the OR-tested CBMIS, and (2) adolescent reproductive health. As earlier mentioned, however, the project promoted only the first advocacy issue and targeted only one audience type – the program managers.

6. Project Management and Evaluation

FRONTIERS staff coordinated, facilitated, implemented, and monitored project activities. The project coordinator organized meetings of the Task Force on OR Results Dissemination and Utilization as well as those with the Lead Persons of the Policy Champion Teams. She organized and coordinated the three-day advocacy workshop for the policy champions. She also prepared a brief on unmet need and CBMIS as well as a set of overhead transparencies on these topics for the use of the policy champion teams.

To help the teams keep track of their activities, a monitoring form was designed. The form asked for information on the type, date, and place of a particular advocacy event/activity, the advocacy materials used, the key points discussed by the policy champion(s), the key points raised by the target audience, the follow-up steps that were pursued, other groups that collaborated on the advocacy activity, and the audience's feedback. The teams used the information these forms provided to prepare their report

following the format designed by the FRONTIERS staff. The impact of the advocacy activities was assessed and documented using the evaluation indicators specified in Appendix B.

Resource constraints precluded the project from being implemented as originally designed. Hence, instead of reaching both policymakers and program managers with two advocacy topics, the project targeted only the latter group with only one advocacy issue. This change is most unfortunate especially in light of the realizations that the policy champions had about the project. One policy champion lamented the short duration of the project, which prevented the teams from learning from each others' experiences. He said "...there should be a post-conference after the six week-implementation [of the advocacy activities] to enable the teams to share their experiences." Because the project as well as the budget were drastically cut, there was no opportunity to hold a follow-up assessment meeting with all the policy champions. Instead, only the Lead Persons were convened in a one-day post-intervention evaluation meeting. Meanwhile, one Lead Person who was truly convinced of the value of the project indicated that her team will pursue the follow-through activities they have drawn up, including providing the funds needed to implement them, even after the project ends.

FINDINGS

Highlights of the Advocacy Activities and Outcomes

Region 9 Policy Champion Team

The Policy Champion Team in Region 9 is composed of a DOH representative, the Zamboanga City Population Officer (CPO), a researcher based in a state university, and a communication specialist from the regional office of the Philippine Information Agency. The POPCOM Regional Director led the team.

Zamboanga City, the team's advocacy site, is not a Matching Grant Program (MGP)¹ recipient. Therefore, CBMIS is not being implemented in the area. The team thus aimed

¹ The Matching Grant Program is an innovative mechanism created to improve the capability of cities and municipalities to expand health service delivery coverage through financial and technical assistance packages. MGP is part of the Local Government Unit Performance Program, a five-year USAID-assisted initiative designed to "improve the health of mothers and children by increasing the utilization of family planning, maternal and child health, and nutrition services." MGP implements the CBMIS as a component of its technical assistance package to local government units. Management Sciences for Health manages the MGP.

to influence program managers to adopt CBMIS as a tool to address unmet need for family planning.

Originally, the team planned to hold a dialogue to orient city councilors on unmet need and CBMIS. However, this step was found unnecessary after the team's Lead Person and the CPO met with the City Health Officer (CHO). Reinforced by his observations on the use of a similar tool in Indonesia, the advocacy of the two champions convinced the CHO about the usefulness and effectiveness of CBMIS. He readily agreed to implement the system and to hold a CBMIS training session for health service providers.



The team proceeded to organize an orientation and training workshop. There is logic in the conduct of a two-part activity. The half-day orientation was tapped as an advocacy opportunity intended to help not only training participants but also other stakeholders as well to better understand and appreciate the unmet need concept and CBMIS. Support of these stakeholders — *barangay* (village) captains, program managers, the CHO, and the city mayor's representative — is necessary for the smooth implementation of the CBMIS.

The two and a half-day training workshop, on the other hand, was designed to give health providers — midwives and *barangay* health workers (BHWs) — hands-on experience in using the CBMIS forms and making sense of the information these forms provide.

With the CHO's assistance, the team identified the participants and date of the orientation/training as well as the pilot areas where CBMIS will be implemented after the training.

A vital partner in the organization of the training is Management Sciences for Health (MSH). A private, non-profit organization, MSH is dedicated to bridging the gap between what is known about public health problems and what can be done to solve them.

Through training, technical assistance, systems development, and applied research, MSH helps decisionmakers worldwide use management skills to strengthen health care and family planning services. MSH in the Philippines manages the Matching Grant Program under which the CBMIS is implemented. Upon the request of the Policy Champion Team, MSH provided, at its own expense, the resource persons and training materials for the CBMIS orientation/training.

The orientation/training was held 13-15 June 2001. The half-day orientation was attended by service providers, *barangay* officials, program managers, the CHO, and the city mayor's representative (the mayor, who had agreed to deliver the welcome message, was unable to come because of preparations for the President's visit to the city). Attendees at the one and a half-day training workshop that followed were 24 service providers, including nurses, midwives, and BHWs from the two pilot *barangays*. Three MSH staff served as trainers. An important output of the training is the formulation of an operational plan that will expand the implementation of CBMIS in the pilot area. Training participants presented this plan to the CHO.

As follow-through, the service providers who completed the training will conduct a CBMIS survey in their respective *barangays*. Their experience in the use of CBMIS will be presented, through a testimonial of one of the BHWs, to the city Council to lobby for the adoption of CBMIS in the whole region. The presentation, to be initiated by the team's Lead Person, will be conducted as a "rider" on POPCOM's dissemination of the *State of the Philippine Population Report 2000*. The SPPR, which focuses on unmet need for family planning, is funded by United Nations Population Fund (UNFPA). Hence, the Policy Champion Team will not incur any expense in the preparations for and conduct of this presentation.

Outcomes

In addition to the adoption of CBMIS, a number of positive developments could be attributed to the advocacy project.

1. The CBMIS orientation brought together city and *barangay* officials. This meeting led to the CHO forging his commitment to provide a health center and the *barangay* captains promising to pay the honorarium of BHWs.

2. The CHO will ensure that services are available and ready to respond to health care needs identified in the CBMIS survey.

Also, the collaboration between MSH and the Policy Champion Team, which includes a representative of the DOH, laid the groundwork for a stronger partnership between Management Sciences for Health and the health department. Representatives of the two agencies are now working on the adoption of CBMIS in Zamboanga del Norte, Zamboanga del Sur, and Zamboanga City.

Region 10 Policy Champion Team

With two advocacy sites assigned to it, the Policy Champion Team in Region 10 opted to have one member more than the other three teams. The team consisted of a Provincial Population Officer, a City Health Officer representing Malaybalay City (one of the two advocacy sites), an LGU staff representing Valencia City (the other advocacy site), an NGO official, and a media specialist working as an IEC consultant with DOH. The team was headed by the POPCOM Regional Director.



Unlike the advocacy site in Region 9, Malaybalay and Valencia cities are both MGP recipients. Thus CBMIS is already installed and functional in these areas. The team therefore set as its goal the expansion of CBMIS as a service delivery tool and source of comprehensive data for other development concerns (e.g. adolescent reproductive health, migrants, men) in addition to family planning. However, with the short implementation period given them, the team decided to limit its advocacy objective to acquainting program managers and the two mayors-elect on the unmet need concept and CBMIS.

To leverage resources, the team incorporated the unmet need orientation into the gender training meeting sponsored by DOH and funded by the World Bank as part of the

Women's Health and Safe Motherhood Project. This strategy enabled the team to have the necessary funds to support a three-day live-in training for 24 program managers. At the same time, the gender training provided the context in which unmet need for family planning and the usefulness of CBMIS can be better seen and appreciated.

The training accomplished two purposes: (1) it provided a deeper understanding of gender issues and unmet need for family planning; and (2) it mobilized the program managers to organize themselves into two city policy champion (CPC) teams -- one for Malaybalay City and another for Valencia City. The CPC teams, to be chaired by the city mayor, were envisioned to continue the work of the regional Policy Champion Team. This strategy is meant to address the sustainability issue of the project. To set the direction of their activities, the CPC teams were asked to develop their respective advocacy plan targeting the institutionalization and expansion of CBMIS in the two cities. Each CPC team also drafted and signed a manifesto that commits them to translate the plan into concrete action.

To obtain the institutional support that will sustain the CPC teams, the regional Policy Champion Team met separately with the new mayors-elect of Malaybalay and Valencia cities to orient them on the unmet need concept and CBMIS. Because the new mayors had not yet officially assumed their posts, the team felt this timing was opportune. Meeting with the new mayors even before they have been officially installed gave them a sense of importance. At the same time, they were informed about the unmet need issue and CBMIS before other concerns took precedence. Hence, the team had a luncheon meeting with the mayor of Malaybalay City and proceeded to have a dinner-discussion with the Valencia City mayor.

Outcomes

Both mayors recognized the value of CBMIS in identifying women with unmet need for family planning. To show their appreciation and understanding of CBMIS, they signed the manifesto of support prepared by the team. While this show of support was not surprising in the Malaybalay mayor, who is a medical doctor and a staunch supporter of local development projects, it was quite unexpected in the Valencia City mayor. A chief of police before he was elected mayor, he was truly receptive to the idea of implementing CBMIS in his city (CBMIS is implemented in only five of the more than 20 *barangays* in

the city). The mayor so appreciated the use of CBMIS that he appointed the Valencia City-based policy champion team member to head the Task Force on Gender, Reproductive Health, and Family Planning that will serve as the CBMIS secretariat in the mayor's office. He also thought of creating a City Population Office, which the city currently does not have.

Region 11 Policy Champion Team

The Policy Champion Team in Region 11 recognized and appreciated the synergy that the mix of the team's membership generated. The team was composed of the Provincial Population Officer of Davao del Sur, the Provincial Health Officer of Davao del Norte, and two researchers based in a private university. The POPCOM Regional Director was the team leader.

Since its assigned advocacy sites -- Digos and Tagum cities -- are both CBMIS users, the team set as its objective the enhancement of the use of the system in these areas. The team started off with an orientation on the advocacy project targeting the city as well as provincial population and health officers in Digos and Tagum cities and Davao del Norte and Davao del Sur. This orientation was conducted as a "rider" on the dissemination activity for the *State of the Philippine Population Report 2000*. The program managers who attended the orientation favorably received the project and its objectives.

The Policy Champion Team also organized information-sharing sessions for the two cities' population officers as well social development officers, nurses, and midwives. In these sessions, the Lead Person discussed the unmet need concept and the value of using CBMIS to identify women with unmet need for family planning. The team member who is Davao del Norte's PHO presented a convincing case for the use of CBMIS. The PHO has participated in the Population Council-assisted quality of care study in Davao, which used the same algorithm that CBMIS applies. This knowledge of CBMIS as well as his hands-on experience in CBMIS implementation in his province made the PHO a very credible advocate of CBMIS. These presentations spurred the program managers to sign a pledge of commitment to support and sustain the use of CBMIS as a tool to address unmet need for family planning.

Outcomes

The advocacy efforts of the team increased the nurses' and midwives' appreciation of participatory action research in gathering data for planning and decisionmaking. It also enhanced the working relationship among the PHO, CHO, participating research institution, and the regional offices of POPCOM and DOH.

Region 13 Policy Champion Team

The Policy Champion Team in Region 13 consisted of a POPCOM staff and a representative each from the local government unit, DOH, and an NGO. It was headed by the POPCOM Regional Director. Butuan City, the team's advocacy site, is not an MGP recipient; hence, it is not a CBMIS implementer. The team thus aimed to get program managers' commitment to adopt CBMIS in the city.

The team departed from the usual advocacy approaches and opted to conduct a *lakbay-aral* (study visit) in a CBMIS-implementing area in the region. The visit was intended to convince program managers to establish a CBMIS in Butuan City by seeing firsthand how this system works and is implemented. Prior to the *lakbay-aral*, the team oriented the program managers on unmet need and CBMIS. In one-on-one meetings, the team members tried to convince the program managers to participate in the two-day study visit. Almost all the invitees accepted the invitation to join the visit.

The *lakbay-aral* was organized to include on the first day the CHO's briefing on the status of CBMIS implementation in the city, an observation visit to health centers in selected *barangays*, and a focus group discussion (FGD) with BHWs. In the FGD, service providers and the *barangay* captains of the CBMIS pilot *barangays* shared their experiences on CBMIS implementation, the problems they have encountered, and the lessons they have learned. The *lakbay-aral* participants discussed and processed the learning and insights they gained from the visit. An exit call to the city mayor and the CHO capped the activity.

















Outcomes

The program managers, having been convinced by what they observed and learned from the study visit, signed a commitment of support for the establishment of CBMIS in

Butuan City. As a follow-through, the Policy Champion Team communicated with Management Sciences for Health and inquired about the possibility of MSH handling the training of trainers and providing the training materials. The MGP Project Advisor at MSH advised the Lead Person to formalize the request.

IMPLICATIONS OF THE ADVOCACY ACTIVITIES FOR THE REPRODUCTIVE HEALTH PROGRAM

Table 3. Advocacy Strategies Used by the Policy Champion Teams

STRATEGIES USED	Region 9	Region 10	Region 11	Region 13
Orientation of key stakeholders on unmet need and CBMIS				
Coordination with key stakeholders				
“Riding on” existing project activities				
Involving key stakeholders in planning activities				
<i>Lakbay-aral</i> (Study visit)				
Mix of membership				
Sharing of lessons learned in CBMIS implementation				
Raising public awareness of CBMIS through mass media				

1. Advocacy Strategies Used

The four policy champion teams employed various advocacy strategies (see Table 3) to reach their target audiences. These were not used singly but in combination with other approaches. The primary strategy that all teams used was the orientation of key stakeholders on the unmet need concept and the use of CBMIS as an OR-tested tool to address unmet need for family planning. The orientation was conducted either in a group or as a one-on-one discussion. The teams in Regions 9 and 10 adopted both modes of orientation. To persuade the CHO in Zamboanga City and the new mayors-elect in Malaybalay and Valencia cities, Regions 9 and 10 used one-on-one orientation. On the other hand, all teams utilized group presentation to reach program

managers more efficiently.

Also common among all teams is coordination with key stakeholders in the planning and conduct of advocacy activities. This strategy yielded additional returns for the Region 10 Policy Champion Team. By linking up with the Women’s Health and Safe Motherhood Project of the Center for Health Development in Region 10, the team was able to integrate

the unmet need orientation into World Bank-assisted gender training for program managers. Linking to this activity, the team put in a better context the unmet need concept. At the same time, the team augmented the resources provided by the FRONTIERS Program. In money terms, this translates to an additional Php65, 000 (about \$1,300), which financed the three-day live-in training of 24 program managers.

Involving key stakeholders at the conceptualization and planning stages of activities ensured the smooth conduct of Region 9's CBMIS orientation/training. By consulting the CHO on matters such as choosing the schedule and participants of the orientation and selection of *barangays* for the pilot implementation of CBMIS, the orientation was successfully completed. In Region 10 the Policy Champion Team sought to involve the mayors of the two advocacy sites in the institutionalization of the city policy champion teams. This move is expected to lead to the signing of the Executive Order that will officially establish the city policy champion teams and appropriate funds for the teams' activities.

Region 13's use of the study visit to a CBMIS implementation site was a unique strategy that creatively deepened program managers' understanding and appreciation of CBMIS. It showed how CBMIS is implemented, the problems service providers have encountered, and the wisdom they have gained from implementing the system. The CBMIS orientation given by the City Health Officer of the study site greatly enhanced the program managers' learning experience. Their knowledge was reinforced by the focus group discussion with BHWs and *barangay* captains of CBMIS pilot villages. The FGD elicited practical insights, views, and experiences on the use of CBMIS from the service providers themselves.

While useful in achieving the Policy Champion Team's objectives, the study visit required considerable groundwork. First, program managers had to be oriented on the unmet need concept and on CBMIS. Second, they had to be persuaded to join the study visit. Lastly, the visit, including the orientation given by the CHO and the FGD, had to be systematically coordinated with the city population and health offices in the study site.

The Policy Champion Team in Region 11 found the mix of the team's membership a significant factor in achieving their advocacy objectives. The team was composed of the Provincial Population Officer of Davao del Sur, the Provincial Health Officer of Davao

del Norte, and two researchers based in a private university. The POPCOM Regional Director provided leadership and direction to the group. A plus factor for the team is the fact that two of the members, namely the PHO and one of the researchers, had collaborated on the Population Council-assisted quality of care study in Davao, which used the same algorithm the CBMIS applies in identifying women with unmet need for services. This prior experience enabled the two members to speak knowledgeably and credibly on the benefits of CBMIS.



The Region 9 team issued press releases to raise public awareness of the Policy Champion Team in Region 9, the unmet need concept, and CBMIS.

2. Outcomes

Several positive results can be linked to the policy champion teams' advocacy activities. The Zamboanga City Health Officer (Region 9), after being oriented on unmet need and CBMIS, committed to pilot test CBMIS selected *barangays* in the city. To carry this out, he agreed to support the conduct of a three-day orientation/training meeting on unmet need and CBMIS. With the strong representation the team's Lead Person made with the Management Sciences for Health, the Policy Champion Team obtained assistance in terms of training materials as well as the services of trainers supported by MSH.

As a result of seeing and hearing first-hand how CBMIS is implemented, program managers in Butuan City (Region 13) signed a commitment of support for the establishment of CBMIS in the area. Moreover, the Butuan City Health Officer agreed to have a training of trainers on CBMIS. As follow-through, the team's Lead Person held preliminary discussions with the MGP Project Advisor and arranged to hold this training.

In Region 10, the Policy Champion Team concretized their vision of sustaining advocacy efforts to expand the coverage of CBMIS. Within the framework of the gender training and the unmet need and CBMIS orientation, the regional Policy Champion Team mobilized the program managers-participants to organize themselves into two teams of

city policy champions. Both teams pledged to translate into action the advocacy plan they formulated targeting the institutionalization and expansion of CBMIS.

The Policy Champion Team in Region 10 went one step further: the team also advocated to chief policymakers in their advocacy sites. They successfully convinced the newly elected mayors of the value of CBMIS. To show their support for the institutionalization of CBMIS, the two mayors signed a manifesto indicating their understanding and appreciation of CBMIS and the need to create city policy champion teams to anchor efforts to expand CBMIS coverage to other development concerns. This manifesto will help justify the signing of the Executive Order (which the city policy champion teams will draft) officially creating the city policy champion teams and providing funds for their activities.

The advocacy efforts of the Policy Champion Team in Region 10 led to some unexpected developments. The team's briefing on unmet need helped one of the new mayors realize the need to create a city population office. Being newly constituted, the city does not have one as yet. The mayor also created a task force on gender, health, and family planning, which will serve as the CBMIS secretariat of the mayor. He assigned a regional Policy Champion Team member who works in the mayor's office to head the task force.

In Region 11, the Policy Champion Team's advocacy efforts heightened program managers' and service providers' appreciation of CBMIS and convinced them to pledge their support for the sustained use of the system. The team's advocacy efforts helped service providers realize that through the use of CBMIS, BHWs have reduced the heavy workload of midwives. Program managers also developed a greater appreciation of participatory action research using CBMIS as one of the tools in gathering data for planning and decisionmaking.

3. Collaboration

The four policy champion teams collaborated with various agencies and individuals at the national, regional, city, and *barangay* levels.

For the CBMIS orientation/training, the policy champion teams in Regions 9, 10, and 13 linked up with and sought the assistance of Management Sciences for Health based at the national level. MSH readily provided training materials and resource persons for Region

9. Region 13 has made initial arrangements with MSH for the same kind of assistance for a training of trainers in July 2001. Region 10 also requested the MGP Project Advisor to give an orientation on CBMIS as part of the training for program managers.

Representations with the Center for Health Development in Region 10 enabled the Policy Champion Team to use additional funding for the gender training and orientation on unmet need and CBMIS.

The policy champion teams also coordinated with various offices at the city level. These offices included the City Population Office, City Health Office, City Planning and Development Office, City Social Welfare and Development Office, Mayor's Office, and the City Health Board. At the *barangay* level, Regions 9 and 13 respectively sought the participation of *barangay* captains in the orientation on unmet need and in the FGD held as part of the *lakbay-aral*.

4. Challenges Encountered

The policy champion teams met with only a few minor problems and readily solved them. Two of the teams found the implementation period of six weeks too short. Region 13, for instance, had to settle for conducting the study visit in another city because the ideal place to visit could receive them only after 15 June (the deadline for completion of the advocacy activities).

Another team observed that the policy champion teams are composed only of champions; there is no provision for support staff to handle the coordination, documentation as well as administrative requirements of the project. This bottleneck was creatively handled by some of the team leaders. One Lead Person picked a very competent staff member to join the team. The staff member doubled as the team's coordinator. Another Lead Person requested one of his staff to assist him.

While the project did provide some funds to support the teams' advocacy work, the amount was inadequate to support elaborate advocacy activities. This limitation, however, did not stymie the policy champion teams' efforts. In fact, the meagerness of the funds appeared to have pushed the teams to seek other resources. Region 10, for instance, was able to raise almost twice the amount provided by the project. The other teams, on the

other hand, obtained assistance in kind. For example, Region 9 received MSH assistance in the form of training materials as well as resource persons whose airfare, accommodation, and other expenses were covered by MSH. To cut down costs, Region 9 charged meeting expenses to the office of the team member hosting the meeting. Region 13, on the other hand, was able to persuade the program stakeholders to bear the expenses for the *lakbay-aral* as well as provide the vehicles for the visit. Apart from those cited above, the teams did not seem to have encountered any insurmountable problems.

CONCLUSION

The project demonstrated the great potential of mobilizing policy champions to advocate and influence program managers to use an OR-tested health service delivery tool. The intervention, although implemented within a very short period, reached the target audience and yielded significant programmatic changes. Foremost of these are the adoption and pilot-testing of the Community-based Management Information System in selected areas in two of the four regions where CBMIS is not yet installed, and the pledge to sustain the use of CBMIS in two cities where the system is already being implemented. Another positive outcome is the forging of local chief executives' commitment to support the creation of city policy champion teams who will continue the regional policy champion team's advocacy for the institutionalization and expansion of CBMIS.

LESSONS LEARNED

The following insights and lessons derived from the project experience could be useful in the conduct of a similar project:

1. **Program managers appear to be open and responsive to new approaches and procedures that will improve health service delivery.** However, they need to be made aware of the existence of these approaches in order to appreciate and utilize them. The model of OR results dissemination and utilization that this project used could be applied to achieve this end.

2. **There is no single approach to or strategy for effective advocacy. However, advocacy should start with a clear and simple presentation of the advocacy issue, targeting key stakeholders and decisionmakers.**

The project showed that the presentation may assume different forms – a luncheon meeting, a one-on-one briefing, a study visit, or a large group presentation – supplemented by the use of overhead transparencies and simplified briefs. The policy champions may choose from a wide array of approaches. But what is essential is that key stakeholders are made to understand the advocacy issue. This step may require presenting the issue in the local dialect.

3. **The level of “maturity” of the OR result that is being advocated is an important variable in the OR advocacy and utilization equation.**

The CBMIS has been OR-tested and shown to effectively work in identifying women with unmet need for family planning. Moreover, its relative advantage over other data-gathering systems (e.g. Field Health Services Information System) has been demonstrated. CBMIS is compatible with the data requirements of the local health service delivery system. These factors seem to have facilitated the adoption of CBMIS in areas where it has not yet been installed.

4. **An institutional support system is a critical factor in the assimilation and utilization of a research result.**

A prerequisite to the correct implementation of CBMIS is the training of service providers in the use of CBMIS forms and in interpreting the data collected. Without the training support that MSH provided, the advocacy issue would not have been translated into concrete action.

5. **Involving key stakeholders, at both the program management and implementation levels, at the very start of the project ensures maximum participation.** This early involvement engenders among the stakeholders a sense of responsibility for and shared ownership of the project.
6. **Resource constraints are not a hindrance to the achievement of a project objective. Resourcefulness, creativity, and collaboration are keys to a cache of resources that may be tapped to augment limited advocacy funds.**

- 7. Giving the Lead Person the option to choose team members rather than a third party deciding on the membership increases the chances that the team will work well together and achieve the group's objectives.**

RECOMMENDATIONS

Given the myriad possibilities that harnessing policy champions for reproductive health OR advocacy demonstrates, it is recommended that the project be extended. Project extension will allow the implementation of the full range of advocacy activities originally drawn up in the project proposal, including advocacy of the unmet need concept and CBMIS to policymakers and of adolescent reproductive health to both policymakers and program managers. Completing these activities will provide a better picture of the extent to which the model of OR results dissemination and utilization being tested is able to accomplish what it was intended to do. The project can then proceed to identify mechanisms to institutionalize the process so that reproductive health policy and programs in the country may benefit from operations research.

APPENDIX A

List of Policy Champions and Institutional Affiliation

Region 9

BAUTISTA, Rene

Lead Person

Regional Director
Commission on Population
Regional Office No. 9

CELERIO, Generoso

Population Program Officer IV
Zamboanga City Social
Welfare and Development
Office

FERNANDEZ, Ederlinda

Professor IV and
Director
Women's Research and
Resource Center
Western Mindanao State
University

FERNANDO, Agnes

Regional Nurse Supervisor
Department of Health Center
for Health and Development –
Western Mindanao

PANGANIBAN, Corazon

Information Officer III
Philippine Information Agency
Regional Office No. 9

Region 10

ABACAJEN, Fredo

Project Coordinator
TOUCH Foundation

FELICILDA, Jose

Program Director/Host
SIAM-VTV 27, and
Regional Advocacy Consultant
Women's Health and Safe
Motherhood Project
Department of Health
Regional Office No. 10

ORILLA, Princess

Rajane

City Health Officer
Malaybalay City Health Office

PALABRICA, Agustin Jr.

Provincial Population Officer
Bukidnon Provincial Population
Office

PALER, Psyche

Lead Person

Regional Director
Commission on Population
Regional Office No. 10

SOLERO, Estela

Administrative Officer II
Office of the Valencia City
Mayor

Region 11

ARAT, Ignacio

Lead Person

Regional Director
Commission on Population
Regional Office No. 11

HORNIDO, Agapito

Provincial Health Officer
Davao del Norte Provincial
Health Office

LACUESTA, Marlina

Professor
Social Research Office
Ateneo de Davao University

SANCHEZ, Rosena

Co-Coordinator
Ateneo Task Force - Mindanao
Working Group on
Reproductive Health, Gender
and Sexuality
Social Research Office
Ateneo de Davao University

YPIL, Ma. Theresa

Provincial Population Officer
Davao del Sur Provincial
Population Office

Region 13

ALCALA, Earl Enrico

Regional Co-Manager
Project Management Unit –
Region 13
Women's Health and Safe
Motherhood Project

PANGAN, Camilo

Lead Person

Regional Director
Commission on Population
Regional Office No. 13

PIENCENAVES, Marie Ann

Project Evaluation Officer I
Commission on Population
Regional Office No. 13

SARCE, Jazmin

Nurse III
Department of Health Center
for Health Development
Region 13

TANGINAN, Emma

City Population Officer
Butuan City Population Office

APPENDIX B

Project Evaluation Indicators

PROCESS Indicators

Sub-Indicators

1. Reach new audiences in new locales with highly specific information on how innovative solutions to service problems can be incorporated into LGU policies and programs

- 1.1 Did the project define different key sub-groups effectively?
- 1.2 Did the project utilize multiple channels to reach each target group?
- 1.3 Did the message reach the intended audience?
- 1.4 Did the intended audience understand the message?
- 1.5 Did they discuss the message with someone else?
- 1.6 Did the project provide information needed by these groups in a friendly format?
- 1.7 Did the materials used reflect a wide range of studies?

2. Create local networks of influential policy and program champions and innovative researchers

- 2.1 Did the process engage other organizations in planning and coordinating the activities?
- 2.2 How many policy teams were created?
- 2.3 Were the team members different in background?
- 2.4 Were they trained to conduct advocacy activities?
- 2.5 Did they plan advocacy activities?
- 2.6 Did they effectively implement the advocacy activities?
- 2.7 Did they collaborate with other groups?
- 2.8 Were the project activities implemented in a timely manner and without delays?

3. Document cases of successful examples where active coalitions were effective in bringing about the desired change

- 3.1 Did the project set up a feedback loop through which comments and reactions to encounters with advocacy groups may be communicated?
- 3.2 Is there documentation of the following activities:
 - Number of policy presentations
 - Number of follow-up meetings
 - Number of face-to-face meetings
 - Overall feedback of the audiences to the project activities

IMPACT Indicator

4. Change in LGU policies and programs that can be linked to the project

- 4.1 Did policymakers and program managers suggest a policy or program change?
- 4.2 Did they advocate for the change?